

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO**

**KYLE BEEBE,**  
**Plaintiff,**

**Case No. 1:19-cv-00545-JHR-JFR**

**v.**

**JOHN TODD,**  
**Defendant.**

**ANSWERS TO DEFENDANT JOHN TODD'S FIRST SET OF INTERROGATORIES  
AND REQUESTS FOR PRODUCTION TO PLAINTIFF KYLE BEEBE**

Kyle Beebe answers and responds to this discovery as follows:

**INTERROGATORIES**

**INTERROGATORY NO. 1:**      Provide the following information:

- a) full name, present home address, date and place of birth, social security number;
- b) current address and address history for the past ten years,
- c) present employer, position, date of hire, and employment address;
- d) all other names or nicknames you have used or been known by during your life.

**ANSWER:**

- a) Kyle Lee Beebe;

[REDACTED]

DOB: [REDACTED];

[REDACTED]

Dimmit TX

- b) No change
- c) Cascade Timber Salvage; Truck Driver; Sept. 1, 2019-present; 9291 Buck Hwy, La Plata Co 81122
- d) No nicknames

**INTERROGATORY NO. 2:** Please identify all individuals, by name, address, and title who answered or participated in the answering of this discovery.

**ANSWER:**

Plaintiff and his counsel.

**INTERROGATORY NO. 3:** For each and every lawsuit in which you have been involved as a Plaintiff or Defendant during your lifetime, please state the following:

- a) The complete caption or case;
- b) The nature of the lawsuit, including a brief description of the final disposition of the case.

**ANSWER:**

I was the defendant in a small claims matter ten or more years ago. The case was dismissed in Defendant's favor.

**INTERROGATORY NO. 4:** Please give your employment history, including but not limited to temporary, part time and self-employment, starting with graduation from high school to current employment, including the names and addresses of each employer, position and title held, dates of employment, yearly salary, wages, profits or commissions earned, and the reason for termination.

**ANSWER:**

Cascade Timber Salvage- See above; Commission based but averages about \$30/hr.

Diamond Back Excavation: 4361 CO-172, Durango, CO 81503; operator; Aug, 2018-Sept. 2019; \$29/hr; ; Left due to limited work.

Logos Resources; 2010 Afton PI, Farmington, NM 87401; Lead; Feb. 2018-Aug. 2018; \$94,000/annually; terminated due to misunderstanding

WPX Energy; 2010 Afton PI, Farmington, NM 8740; Supervisor; Feb. 204-Feb. 2018; \$94,000/annually; Company bought by Logos Resources.

PAC contractor for Conoco Phillips; Durango, CO- precise address unknow; ; Lease Operator- 2013-2014; \$31/hr; Better opportunity with WPX Energy.

Prior employment history will be supplemented upon locating resume.

**INTERROGATORY NO. 5:** Please give your educational history, including but not limited to any degrees or certificates you have obtained.

**ANSWER:**

Bayfield High School, Bayfield , CO . Graduated 1990.

**INTERROGATORY NO. 6:** Please state whether you have ever been in the military service and, if so, please state:

- a. The dates thereof;
- b. The branch;
- c. The job description;
- d. The type of discharge;
- e. Your selective service number.

**ANSWER:**

Short stint in US Navy, Spring/Summer 1990. Discharged while in Boot Camp due to a pre-existing knee injury with surgery which prevented me from passing flight physical.

**INTERROGATORY NO. 7:** State whether you have ever been arrested, charged with or convicted of any crime, whether it be a felony or a misdemeanor. If so, state as to each such arrest, charge, or conviction:

- i. The state and place the offense was allegedly committed;
- ii. The court and cause number;
- iii. The type of offense for which you were arrested, charged or convicted;
- iv. The disposition of each such arrest, charge, or conviction;
- v. The penalty or sentence you received; and,
- vi. The name of your attorney.

**ANSWER:**

1. Aztec, NM
  2. 2003, case number U-70-DR-200322116
  3. Pleaded guilty/nolo contendere to DUI
  4. Dismissed after paying court costs
  5. None
  6. Attorney unknown
- 
- a. La Plata County, CO.
  - b. La Plata County District Court; Cause Number unknown
  - c. child abuse
  - d. Found not Guilty
  - e. None
  - f. Richard Jay

**INTERROGATORY NO. 8:** Identify any physical disabilities or impairments

of any sort that you had before the occurrence alleged in this case and for each such disability or impairment, state the nature of the same and the length of time they have existed and the name, address, and phone number for any healthcare provider treating you for such disability or impairment.

**ANSWER:**

None.

**INTERROGATORY NO. 9:** Describe in detail all physical or mental injuries received or suffered as a result of the occurrence alleged by you in this case, and whether or not you are fully recovered from each of them at this time.

**ANSWER:**

Lower back/Hip; Aggravation of Hernia.

Lower back/Hip still issues with current follow-up being scheduled with Orthopedic specialist in Albuquerque. Difficulty in sitting for long periods, bending, standing for long periods. Fairly constant pain due to injury.

**INTERROGATORY NO. 10:** For each physical or mental injury or impairment identified in response to Interrogatory No. 9 identify the name, address and phone number for any health care professional or treatment facility that provided any care or treatment for such injuries or impairments and the dates such care was provided.

**ANSWER:**

1. Animas Surgical Hospital  
450 South Camino Del Rio Hwy 550, Suite 106  
Durango, CO 81301  
See VW000001-VW000445 for treatment dates
2. Bayfield Physical Therapy

182 W. North St  
Bayfield, CO 81122  
See VW000446-VW000514 for treatment dates

3. Lake Chiropractic, PC  
40031 Hwy 160  
Bayfield, CO 81122  
See VW000515-VW000564 for treatment dates
4. MRMC/Centura Health  
PO Box 561538  
Denver, CO 80256  
See VW000565-VW000577 for treatment dates
5. Radiology Associates of Durango  
2790 N Academy Blvd, Suite 229  
Colorado Springs, CO 80917  
See VW000578 for treatment dates
6. Reliance Medical Group, LLC  
3451 N. Butler Ave  
Farmington, NM 87401  
See VW000579-VW000720 for treatment dates
7. Southwest Colorado Spine (Animas Spine)  
575 Rivergate Ln, Unit 109  
Durango, CO 81301  
See VW000721-VW000758 for treatment dates
8. Spine Colorado  
1 Mercado St  
Durango, CO 81301  
See VW000759-VW000777 for treatment dates
9. Three Springs Imaging, LLC  
1 Mercado St, Suite A  
Durango, CO 81301  
See VW000778-VW000780 for treatment dates

**INTERROGATORY NO. 11:** Without simply reiterating the allegations contained in the Complaint, please state with specificity each and every fact that Plaintiff contends supports the allegations in the Complaint for Personal Injury.

**ANSWER:**

The complaint tells what happened factually so I don't know else to answer this question.

**INTERROGATORY NO. 12:** With regard to the incident which is the focus of this lawsuit, please describe the incident in detail, and as nearly as possible, the precise manner in which you were injured, giving the time of day, date, and place of incident and identify all persons present by name, address, and telephone number.

**ANSWER:**

I was traveling southbound on US 550 a little after 6:00 a.m. on Thursday May 5, 2016. I was approaching a gas station /convenience store on the right. Suddenly and unexpectedly, a white Ford Pickup pulled out in front of me and stopped. It was so sudden that I had no chance of braking but I was able to swerve to my right in an attempt to avoid a direct impact to the driver's side door and I hit the back of the pickup which was being driven by Defendant. I had no visible injuries but soon after the accident, I began experiencing lower back and hip pain and discomfort.

**INTERROGATORY NO. 13:** State the name, address and telephone number, of each person who you may call as a lay witness at trial, and for each person state:

- a. the subject on which each person is expected to testify;
- b. the occupation and job title of each person, and;
- c. the substance of the expected testimony.

**ANSWER:**

- 1. Plaintiff, Kyle Beebe, truck driver
- 2. Defendant, John Todd, unknown

We were both involved in the accident so we will testify as to that.

**INTERROGATORY NO. 14:** Identify by name, address and telephone number, and employment profession or calling, each expert witness who you may call as an expert witness at trial and for each such expert state:

- a. The subject matter on which the expert is expected to testify;
- b. The substance of the facts and opinions to which the expert is expected to testify; and,
- c. A summary of the grounds or reasons for each opinion to which the expert is expected to testify.

**ANSWER:**

No expert witnesses have been identified at this time.

**INTERROGATORY NO. 15:** Do you, your agents or attorneys have any knowledge of any statements, written or recorded, regarding the liability, injuries, or damages alleged in the Complaint? If yes, then for each statement state:

7. Name, address, and telephone number of each person giving the statement;
8. Name, address, and telephone number of each person to whom the statement was given;
9. The date given;
10. The name, address, and telephone number of the person having custody of the statement;
11. A description of the substance of the statement.

**ANSWER:**



Not applicable.

**INTERROGATORY NO. 16:** Please list and describe all photographs, motion pictures, charts or diagrams relating to the incident alleged in the Complaint taken or made by you or any person on your behalf, any insurance company, or any other person or organization. State the names and addresses of the persons who took or prepared the same, the dates thereof, the contents, and the name of the person or person who have possession or custody of such material at this time.

**ANSWER:**

See VW000781-VW000783

**INTERROGATORY NO. 17:** Itemize and state with specificity each and every element of damages you claim you are entitled to recover as a result of the incident alleged in your Complaint, including but not limited to:

- a) the value of lost earnings and the present cash value of earning capacity reasonably certain to be lost in the future;
- b) the reasonable expense of necessary medical care, treatment and services received, including prosthetic devices and cosmetic aids, and the present cash value of the reasonable expenses of medical care, treatment and services reasonably certain to be received in the future;
- c) the reasonable value of necessary non-medical expenses which have been required as a result of the injury, and the present cash value of such non-medical expenses reasonably certain to be required in the future;
- d) the nature, extent and duration of the injury, including disfigurement;

- e) pain and suffering experienced and reasonably certain to be experienced in the future as a result of the injury; and
- f) the aggravation of any pre-existing ailment or condition, the reasonable value of the services of which the family has been deprived and the present cash value of services of which the family is reasonably certain to be deprived in the future.

**ANSWER:**

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**INTERROGATORY NO. 18:** Identify each exhibit you intend to introduce or use at any trial in this matter.

**ANSWER:**

No lost earnings, however, because my medical treatment is ongoing I cannot answer the remaining subsections of this question. I am seeking damages in the form of pain and suffering, and medical expenses.

**INTERROGATORY NO. 19:** Identify in detail all physical injuries to any part of your body for which you have received treatment in the ten (10) years prior to the incident at issue in this case, including but not limited to, the type of injury and its cause

**ANSWER:**

Other than a hernia with surgery in 2015, none.

**INTERROGATORY NO. 20:** For each injury identified in response to Interrogatory No. 19, state the name, address and telephone number of any healthcare provider who treated the injury, the treatment provided and the date of such treatment.

**ANSWER:**

I am attempting to gather this information. The surgery was performed either at Mercy Regional Medical Center or Animas Surgery Center in Durango. I am not sure who the surgeon was but am attempting to locate and will supplement.

**REQUESTS FOR PRODUCTION OF DOCUMENTS**

Defendant, by and through its stated counsel of record, pursuant to FRCP Rule 33 and FRCP Rule 34, hereby propounds its First Set of Requests for Production to Plaintiff to be fully and completely responded to and supplemented in accordance with the New Mexico Federal Rules of Civil Procedure.

**REQUEST NO. 1:** Complete copies of all documents mentioned in any of the answers to Interrogatories, which Interrogatories are served simultaneously with the Request for Production.

**RESPONSE:**

See VW000001-VW000780, VW000781-VW000783

**REQUEST NO. 2:** Any and all witness statements, whether written, recorded or otherwise, pertaining to any facts regarding any and all claims as alleged in your Complaint.

**RESPONSE:**

Not applicable.

**REQUEST NO. 3:** Please produce all exhibits or documents of any kind which you intend or contemplate using as exhibits at the trial of this case.

**RESPONSE :**

At this early stage of the lawsuit these exhibits have not been identified but will likely include my medical records and billing records, photos of the damage caused by the crash and documentation showing the property damage loss.

**REQUEST NO. 4:** Enclosed with this Request for Production is an Employment Authorization which you are requested to sign and return. If you refuse to provide such an Employment Authorization, please state the basis for your refusal.

**RESPONSE:**

**REQUEST NO. 5:** Enclosed with this Request for Production is a Tax Authorization which you are requested to sign and return. If you refuse to provide such a Tax Authorization, please state the basis for your refusal.

**RESPONSE:**

**REQUEST NO. 6:** Enclosed with this Request for Production is an Education Authorization which you are requested to sign and return. If you refuse to provide such a Social Security Authorization, please state the basis for your refusal.

**RESPONSE:**

**REQUEST NO. 7:** Enclosed with this Request for Production is a Medical Authorization which you are requested to sign and return. If you refuse to provide such a Medical Authorization, please state the basis for your refusal.

**RESPONSE:**

**REQUEST NO. 8:** Enclosed with this Request for Production is a Social Security Authorization which you are requested to sign and return. If you refuse to provide such a Social Security Authorization, please state the basis for your refusal.

**RESPONSE:**

**REQUEST NO. 9:** Enclosed with this request for production is an Information for MMSEA Reporting Form, which you are requested to complete and return. If you refuse to provide this MMSEA Form, please state the basis for your refusal.

**RESPONSE:**

**REQUEST NO. 10:** Complete copies of all documents pertaining in any way to any claim for insurance benefits, social security benefits, veterans' benefits, unemployment benefits, or other benefits for which you have applied.

**RESPONSE:**

**REQUEST NO. 11:** All medical and drug bills, or other related medical charges, for treatment of the injuries alleged to have been sustained as a result of the incidents alleged in your Complaint.

**RESPONSE:**

See VW000001-VW000780

**REQUEST NO. 12:** Any and all hospital notes, doctors' notes, nurses' notes, medical reports, or any other statements by any treating physician, who saw or treated injuries alleged to have been incurred as a result of this incident alleged in your Complaint.

**RESPONSE:**

See VW00001-VW000780

**REQUEST NO. 13:** Any and all photographs, models, plats or drawings pertaining to any facts involved in this controversy, including pictures of the site of the incident, persons or objects involved.

**RESPONSE:**

See VW000781-VW000783

**REQUEST NO. 14:** A complete listing of cases in which any of Plaintiff's experts has either given deposition testimony or trial testimony, including case name, jurisdiction, date of testimony, and whether the experts testified for the Plaintiff or Defendant, along with a copy of the deposition testimony transcript.

**RESPONSE:**

No such experts have been identified at this time.

**REQUEST NO. 15:** A copy of Plaintiff's health insurance cards or Medicare/Medicaid card, if any damages in this case were paid by such coverage.

**RESPONSE:**

**REQUEST NO. 16:** Any and all documents or tangible items which support, or tend to support, any allegation contained in Plaintiff's Complaint not otherwise produced in response to these requests for production.

**RESPONSE:**

Not applicable.